



# Department of Agriculture, Trade and Consumer Protection

## Landlord/Tenant

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: lease documents, invoices, receipts, contracts, cancelled checks, advertisements, telephone bills.

### 1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Rental property address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ Apartment/Building Name: \_\_\_\_\_

Rental property city: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### 2. What business is your complaint against?

Name of landlord or property manager: \_\_\_\_\_

Name of rental management company, if any: \_\_\_\_\_

Name of property owner, if known: \_\_\_\_\_

Address: \_\_\_\_\_ Ste.#: \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

### Information about your complaint

#### 3. Which of the following best describes your first contact with the business: (check one)

<input type="checkbox"/> Business sent me information by mail	<input type="checkbox"/> I responded to a posted advertisement	<input type="checkbox"/> Internet
<input type="checkbox"/> I went to the business/rental unit	<input type="checkbox"/> I responded to a printed advertisement	<input type="checkbox"/> Email
<input type="checkbox"/> I telephoned the business	<input type="checkbox"/> I responded to a radio or TV ad	

4. Did you sign a written rental agreement or lease? (circle one) No Yes

5. Were you provided a copy of agreement or lease? (circle one) No Yes If yes, please attach a copy.

6. How old is the person who entered into the agreement? Age: (circle one) 0-17 18-61 62 or older

7. Date lease began: \_\_\_\_\_ Ended: \_\_\_\_\_ Date you moved in: \_\_\_\_\_ Moved out: \_\_\_\_\_

8. Did you receive a check-in list? (circle one) No Yes Check-out list? (circle one) No Yes If yes, please attach copy.

9. Before you agreed to rent, were you promised repairs? (circle one) No Yes

Were the promises to make repairs put in writing? (circle one) No Yes If yes, please attach a copy.

Were the repairs completed? (circle one) No Yes Were the repairs completed by specified date? (circle one) No Yes

10. Has a building inspector ordered the landlord to make repairs? (circle one) No Yes Date: \_\_\_\_\_

What repairs? \_\_\_\_\_ Name of building inspector? \_\_\_\_\_

11. Did you notify the landlord you planned to move? (circle one) No Yes Date: \_\_\_\_\_

12. How did you notify the landlord you planned to move? (circle one) Written notice (attach a copy) By phone In person

13. Security deposit: Paid: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ Amount returned: \$ \_\_\_\_\_ Amount withheld: \$ \_\_\_\_\_

IMPORTANT: More questions on the back page (over)

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18. How do you feel your complaint should be resolved? *(please be specific)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.**

**The above information is true and accurate to the best of my knowledge.**

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form and two copies of your papers to:**

**Toll-free in WI: (800) 422-7128**

**WEBSITE:** [www.datcp.state.wi.us](http://www.datcp.state.wi.us)